2-PP-11 STEAN SLAB State of California—Health and Welfare Agency **Toxic Substances Control Division** Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Manifest Information in the shaded areas 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Document No. is not required by Federal WASTE MANIFEST AD.0.8.651000.5 "of law Generator's Name and Mailing Address A State Manifest Document Number Douglas Aircraft Co. 8482 /b/b 190th & Normandie B.State Generator's ID Torrance, CA 90502 Generator's Phone (213 <u>538-6677</u> Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID/ D 0 5 8 0 1 3 6 7 D.Transporter's Phone <u>J. C. Liquid Waste Disppsal</u> Transporter 2 Company Name US EPA ID Number E.State Transporter's D F.Transporter's Phone 9. Designated Facility Name and Site Address G.State Facility's ID 10. US EPA ID Number Triple J H.Facility's Phone 3650 E. 26th St. CAT08003368 Vernone, Ca 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. Type Nt/Vo G N ORM-E NA9189 05000 221 Hazardous Waste Liquid NOS 001 G TT b. 0 C. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Alkaline Soap Grease 2% 041 3% 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Donald C. Gerber Signature Month Day Year 001258 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date

Printed/Typed Name

Signature

Month Day Year

YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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2-PP-11 STEAN SLAB

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Department of Health Services
21721-633/Texic Substances Control Division
Sacramento, California

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